2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # H65688

1. Entity Name
SUN KRAFTS OF VOLUSIA COUNTY, INC.

Principal Place of Business	Mailing Address
1578 PINE AVE HOLLY HILL, FL 32117	217 ROYAL DUNES CIRCLE ORMOND BCH, FL 32176 US

01302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2552766
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ANDREANO, JOSEPH J.
724 GREEN RD
NEW SMYRNA BCH., FL 32069

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000089496
03/31/04-80008-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MARCINKO, ROBERT P.
STREET ADDRESS	217 ROYAL DUNE CIR
CITY ST ZIP	ORMOND BEACH, FL 32176
TITLE	V
NAME	MARCINKO, HARIKLIA
STREET ADDRESS	217 ROYAL DUNE CIR
CITY ST ZIP	ORMOND BEACH, FL 32176
TITLE	T
NAME	ESTRIDGE, PAULA L.
STREET ADDRESS	201 AVON STREET
CITY ST ZIP	DAYTONA BEACH, FL 32127
TITLE	ST
NAME	ESTRIDGE, PAULA L
STREET ADDRESS	201 AVON ST
CITY ST ZIP	PORT ORANGE, FL 32127
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert P. Marcinko ROBERT P. MARCINKO 3-26-04 (386) 677-5390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #